

State Form 52476 (12-05) Approved by State Board of Accounts, 2006 Division of Fire & Building Safety Division of Elevators 402 West Washington Street, W246 Indianapolis, IN 46204

> http://www.in.gov/dhs/fire fax: (317)232-6609 (317)232-0146

## ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION

1. APPLICANT INFORMATION						
Name of Partnership or Limited Partnership:				C#:		
Address:						
City:	State:	State:		ZIP Code:		
Contact name:		Title:				
Telephone Number:	E-mail:					
2. TYPE OF ENTITY						
The applicant is one of the following ( <i>check applicable box</i> ):  Partnership  Limited Partnership						
3. PROOF OF ELIGIBILITY						
Include the name, business address, phone number, and electronic mail address of every partner ( <i>for a partners</i> hip) or every general partner ( <i>for a limited partnership</i> ) who holds a valid elevator contractor license issued by Indiana.						
4. PROOF OF INSURANCE						
A Certificate of Insurance that complies with the requirements of IC 22-15-5-14.						
5. PROOF OF WORKMAN'S COMPENSATION COVERAGE						
Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5 must be submitted with the application.						
6. APPLICATION FEE						
The application must include payment of the license fee of \$500. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the Credit Card Payment form:  A check or money order for \$500 is enclosed.						
Payment will be made by <i>Visa</i> or <i>MasterCard</i> and the Credit Card Payment form has been completed and is enclosed.						
7. AFFIRMATION						
I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge:						
nature: Date:						

## PARTNERSHIP OR LIMITED PARTNERSHIP ELEVATOR CONTRACTOR LICENSE RENEWAL APPLICATION CREDIT CARD PAYMENT

The application must include payment of the license fee of \$500. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card:							
Billing Address	Street:						
	City:	St	ate	ZIP Code			
	Phone Number:		<del></del>				
	Credit Card (check one):	☐ Visa	☐ MasterCard	1			
Account Number:		E	xpiration Date (ma	onth/year):/			
CVV2 Number (last 3 digits of the number in the signature block on the back of the card):							
	agrees to the obligations set agreement with the issuer.	 Signature					